Counselling psychology notes

Counselling Psychology (University of East London)

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HISTORICAL BACKGROUND: BEHAVIOURISM

- Behavioural aspect evolved out of behavioural psychology which is attributed to J. B Watson and his publication of Psychology from the standpoint of the behaviourist (1919)
- Watson argued that 'introspection' as a technique was not able to be scientifically scrutinized. We have no idea what is going on in people's head – scientifically impossible to do.
- He stated that if psychology was to become a respected science it would need to focus on 'observable events and phenomena'

Behaviourists, such as Skinner, could illustrate principles of learning and behaviour modification through classical and operant conditioning using animal experiments

CLASSICAL CONDITIONING	OPERANT CONDITIONING
Learning behaviour through the process of associations	Learning behaviour through the process of positive and negative reinforcement.

- Behavioural movement was very influential and influenced all psychological theorists from 1930s onwards.
- Most scientific of all the approaches

KEY BEHAVIOURAL FINDINGS

- Skinner (1935): Triggering obsessional behaviour in animals that were rewarded and reinforced at random
- Seligman (1975): Learned helplessness in animals with no control of surroundings.
- We learn to be helpless in our depression
- Early behaviourists believed that they had proved that psychological and psychiatric problems could be explained and treated using behavioural principles.
- Radical Behaviourists: Believe that the idea that 'emotions are important factors in behaviour' is a 'MENTAL FICTION' – People are sorry because they cry…

BEHAVIOURAL METHODS IN COUNSELLING PSYCHOLOGY

- Behaviour Modification: Skinnerian idea that repeated behaviours are ones that have been reinforced most frequently in the past.
- Token economies used in psychiatric wards in 1960s used these principles, but this was open to misuse and abuse – e.g. time out as punishment.
- Wolpe – classical conditioning and fear responses, suggested systematic desensitization as way of reversing this effect (e.g., treatment of phobias).

HISTORICAL BACKGROUND - COGNITIVE THEORY

Tolman (1948) demonstrated that rats who head learned to swim through a flooded laboratory maze could later navigate the maze by foot

- Behaviour acquired irrelevant
- Mental map of the maze formed

Introduced study of cognitions introduced to behaviourism: Cognitive revolution began.

Albert Ellis - Rational Emotive Therapy
Aaron Beck - Cognitive Therapy

- Both started as psychoanalysts but became more interested in behaviourism.
- Beck noticed that thoughts had strong impact on their emotions and their behaviour.
- Beck named distressing cognitions as 'automatic thoughts' and these became the focus of change in therapy.

COGNITIVE THEORY

- Cognitive Theory recognises that people differ in the way that they process the world around them and that they differ in the beliefs that they hold about the world

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3 KEY FEATURES

1. Problem solving and change focused approach
2. Respect for scientific values
3. Attention paid to cognitive processes by which people monitor and control their behaviour

GENERAL ASSUMPTIONS

- The cognitive approach believes that abnormality stems from faulty cognitions about others, our world and us. This faulty thinking may be through:

COGNITIVE DEFICIENCIES: Lack of planning
COGNITIVE DISTORTIONS: Processing information inaccurately.

- Disqualifying the positive: Only negative experiences are counted.
- "All or nothing" thinking. "Black and white" thinking – Good or bad, no in-between.
- Over-generalising: One bad thing happens so everything is awful. For example:

One bad date means will never get a boyfriend.

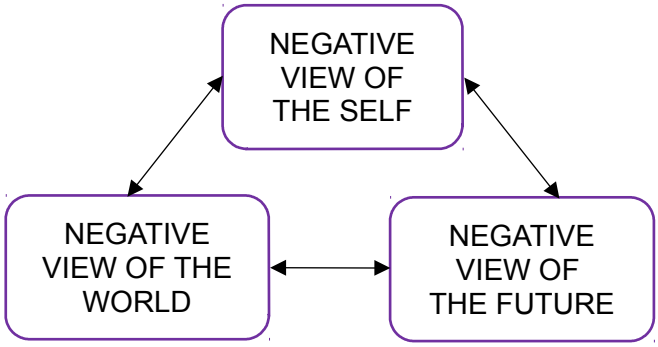
- Jumping to conclusions: Mind reading or fortune telling, without evidence.
- Catastrophizing: Everything is going to go wrong. (Often common with anxiety)
- Personalisation: Assuming responsibility for everything. (Links with Locus of control)

A person believes their behaviour is caused primarily by their own personal decisions and effort.	Locus of Control refers to a person's perception of personal control over their own behaviour.	A person believes their behaviour is caused primarily by fate, luck or by other external circumstances.

Rotter (1966) argues that people high in internality rely more on their own actions and exhibit greater initiative, making them more successful.

- "Shoulds" and "Oughts": Rigid rules.
- Emotional Reasoning: I feel something, for example: "Stupid, so it must be true".
- Labelling: "I am so stupid", rather than "I made a mistake".

- These cognitions cause distortions in the way we see things; Ellis suggested it is through irrational thinking, while Beck proposed the cognitive triad.



- We interact with the world through our mental representation of it.
- If our mental representations are inaccurate or our ways of reasoning are inadequate, then our emotions and behaviour may become disordered.

THEORETICAL PRINCIPLES OF CBT

1. Cognitive activity underlies behaviour.
2. Cognitive activity can be monitored and understood.
3. Cognitive change can lead to behaviour change (Dobson & Dozois, 2001)

Westbrook et al. (2007)

4. Therapy is collaborative
5. Work is problem-focused and structured
6. Therapy is time-limited and usually brief (Often 6 Sessions – NHS appreciates this).
7. Practice is informed by research

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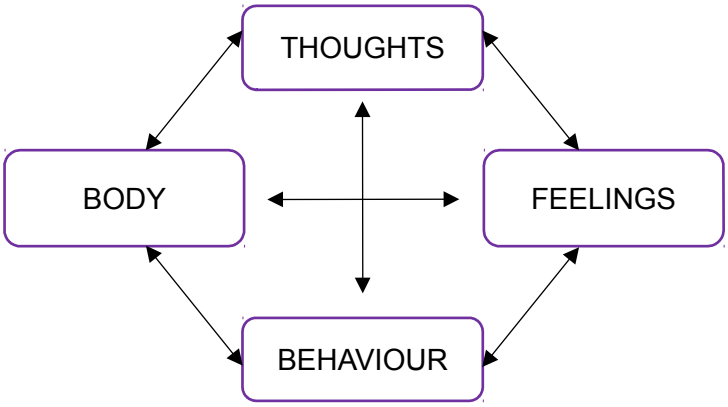
CBT CYCLE

- A thought affects your feelings and your bodily sensations, which then combine to dictate your behaviour. And your behaviour then triggers the next thought you have which begins the cycle all over again.
- If that first thought is negative, the entire cycle tends to lead to an even more negative thought, and on it goes.
- For example, thinking a thought like 'nobody likes me" can mean that you start to feel anxious and self-conscious around others (feelings), which in turn causes sweating and heart palpitations (bodily sensations).
- This then results in you choosing to withdraw from others (behaviour), resulting in you feeling left out and alienated which then produces another negative thought, such as 'there is something wrong with me', which starts the cycle all over again.

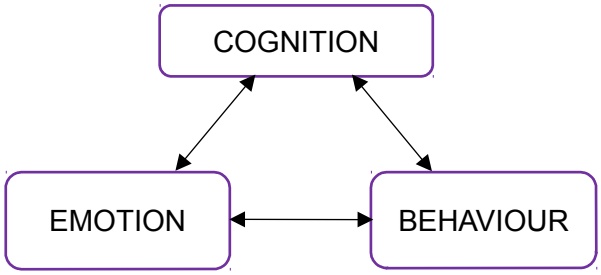
Distorted thinking is so common amongst those who suffer low moods, anxiety, and low self-esteem.



FORMULATION IN CBT:

- The therapist begins by collecting assessment data to obtain a diagnosis and an initial formulation (conceptualization) of the case.
- The formulation is a hypothesis about the mechanisms causing and maintaining the patient's problems.
- Formulation is shared with the client.
- Different theories, suggest different formats – meaning there are different forms of CBT
- All formats need to explain what the current problem is, how it is maintained, and underlying personality or vulnerability that creates the conditions for the problem.
- Situation vs. case level formulation

CORE BELIEFS



- Individual's childhood experience can shape the person they become in the future, and ultimately shape the world.
- Individual's past can influence their present, shape the person they become in the future, influence how they view themselves, existing and future relationships and the world.
- The root cause of a people's problems could be the influence of acquired negative schemas developed from traumatic or negative childhood events, that lead to the acquisition of maladaptive behaviours – and irrational negative thinking.
- Core beliefs are engrained and difficult to change, so identifying them is important.

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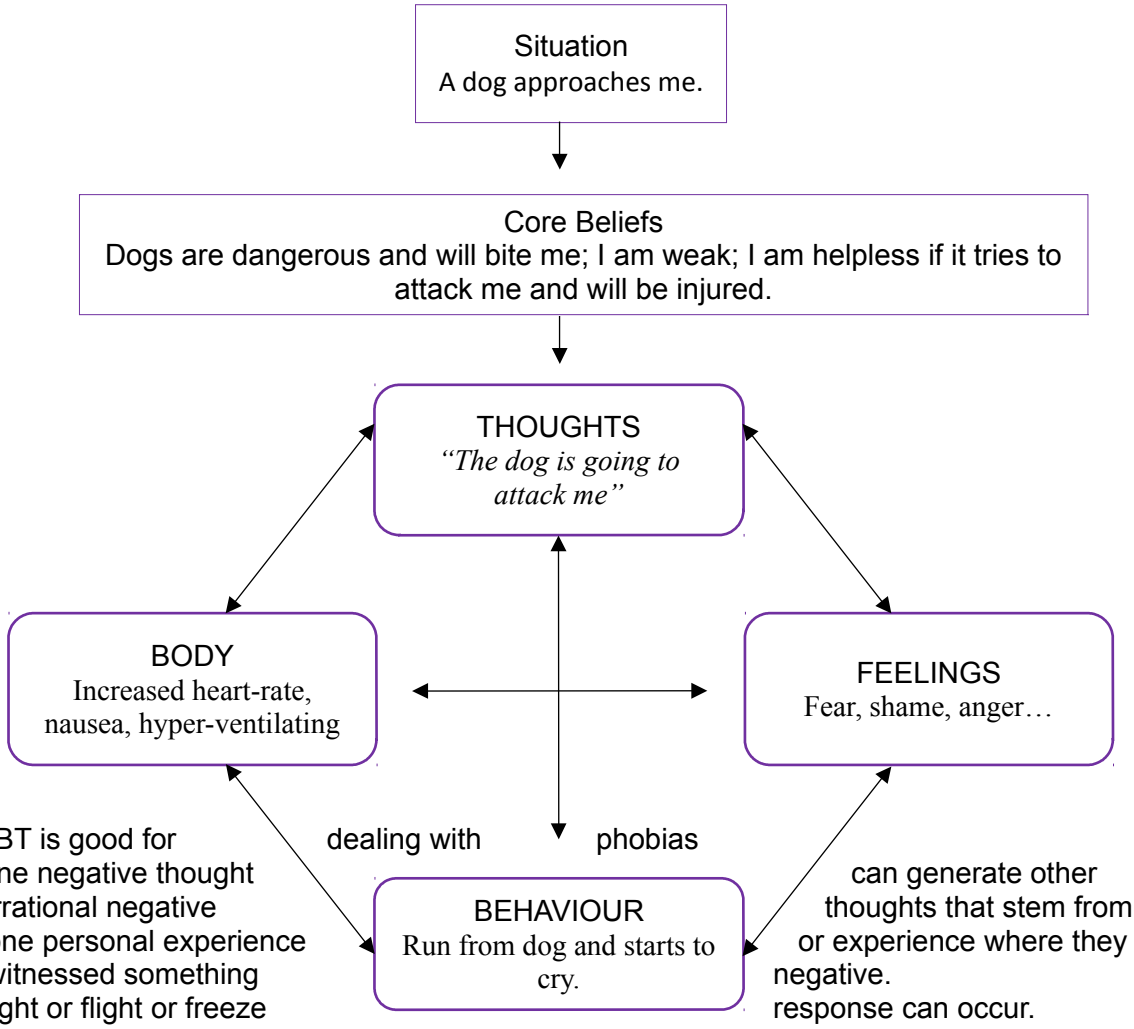
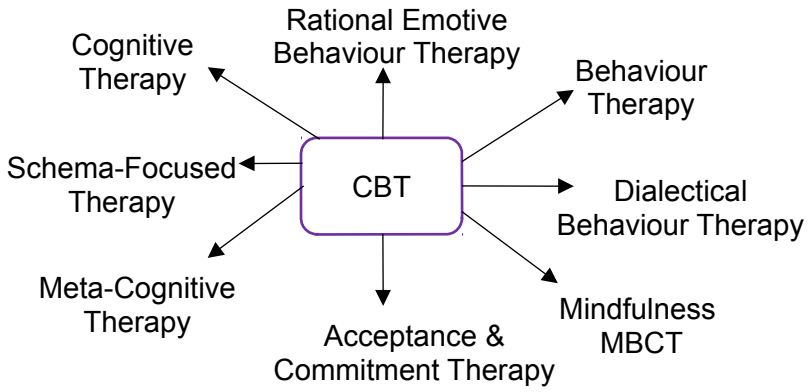
EXAMPLE OF A FORMULATION IN CBT


Situation
A dog approaches me.
Core Beliefs
Dogs are dangerous and will bite me; I am weak; I am helpless if it tries to attack me and will be injured.
THOUGHTS
"The dog is going to attack me"
BODY
Increased heart-rate, nausea, hyper-ventilating
FEELINGS
Fear, shame, anger…
BEHAVIOUR
Run from dog and starts to cry.

- CBT is good for dealing with phobias
- One negative thought can generate other irrational negative thoughts that stem from one personal experience or experience where they witnessed something negative.
- Fight or flight or freeze response can occur.
- Behaviours are reinforced by other behaviours. For example, if you fear dogs, the fear can reinforce avoidance so person never learns that dogs can be harmless.

CBT TREATMENT

- Explore, and empathically challenge the core beliefs using questions – being empathetic makes people psychologists.
- Explore how thoughts, feelings, bodily sensations and behaviours are linked.
- Explore how avoidance maintains the problem.
- Behavioural experiment – make hierarchy of anxiety provoking situations. For example: seeing a dog across the street, standing next to a dog, touching…
- Work through the situations using relaxation techniques until goal is reached.



EXAMPLES

ANOREXIA NERVOA

Over-evaluation of shape and

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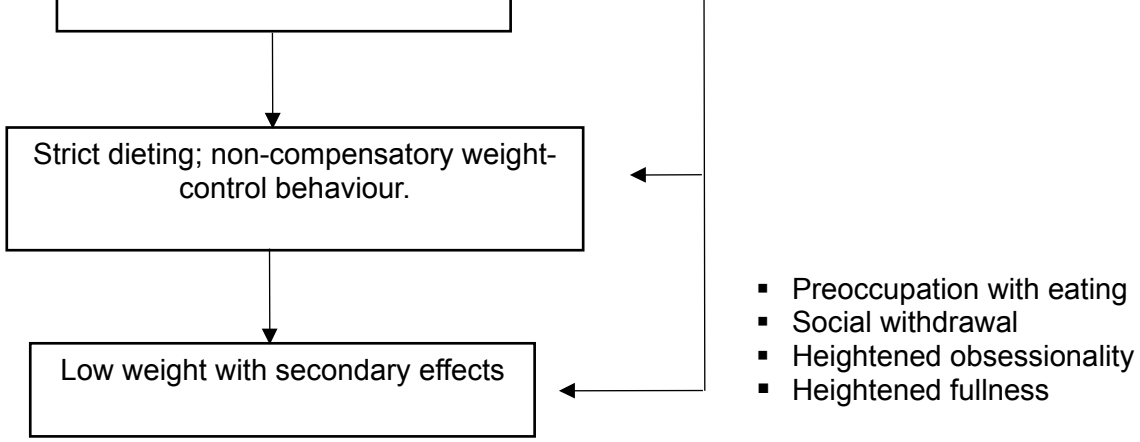

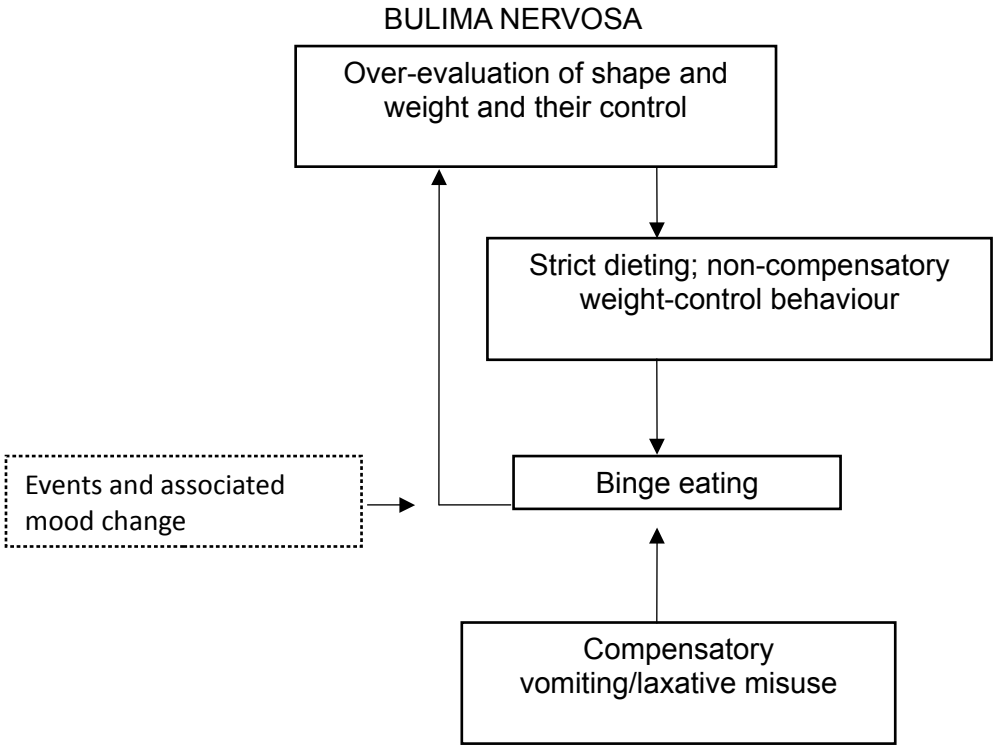
BULIMA NERVOSA
Over-evaluation of shape and weight and their control
Strict dieting; non-compensatory weight-control behaviour
Binge eating
Events and associated mood change
Compensatory vomiting/laxative misuse

CBT TREAMTMENT

1. Creating a working alliance in which the rationale for treatment is explained - clients are intelligent beings who deserve to know what the treatment method will be.
2. Assessment: identify and quantify problem behaviours and cognitions.
3. Case Formulation: an agreed conceptualization of origins and maintenance of problem. Setting goals for change that are specific and attainable.
4. Intervention: applying cognitive and behavioural techniques.
5. Monitoring: ongoing assessment of target behaviours to assess the efficacy of interventions.
6. Prevent relapse in the future.

THERAPEUTIC RELATIONSHIP

- Emphasis on 'working alliance'
- Collaborative

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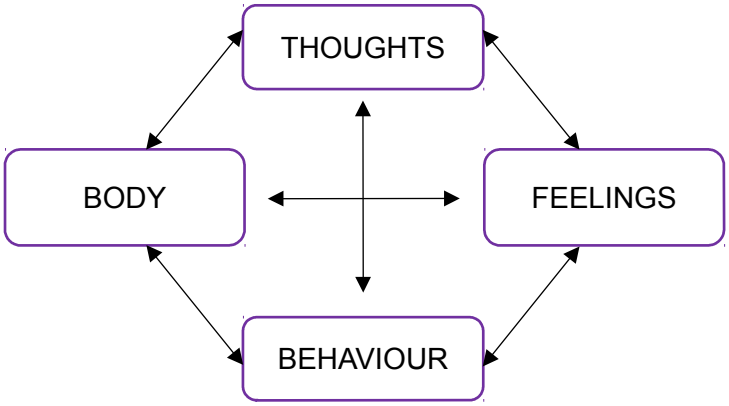
- Core conditions from person centred model are required
- Relationship is not the vehicle for change but it is necessary to enable CBT work
- Psycho-education aspect
- Transfer of expertise – become their own expert
- Empowering to be own therapist
- Modelling

Therapeutic relationships as a source of information.
Monitoring therapeutic relationships gives you:
- An idea of how they relate to others
- How you relate to each other, how successful therapy might be>
- Important for them to like you>
- Explore relationship with caregivers for idea of how they may relate to you, for example: idealised carer.
- Be especially aware of inappropriate boundaries with victims of abuse.

Intervention should focus on all points on the cycle.



COGNITIVE INTERVENTIONS IN CBT

SOCRATIVE QUESTIONING	THOUGHT RECORDS
Through guided discovery, a collaborative process that is based on Socratic questioning, individuals can become better at finding their own solutions. **Torbrand (2015)** - SQ can be a powerful tool to train the human mind into an open or flexible system that can identify problem-solving strategies, rather than be constricted with negative, irrational or faulty thinking **(Beck, 1967).**	**EXAMPLES OF SOCRATIC QUESTIONS:** ▪ What would be the worst that could happen? ▪ What evidence is there to support that belief? ▪ What evidence would contradict that belief? ▪ Would anyone else have a different view? ▪ What would you say to a friend in this situation?
▪ Questions leading clients to make connections between thoughts and behaviour ▪ Questions exploring alternative perspectives in thinking ▪ Questions challenging realism of thoughts ▪ Re-framing the issues ▪ Downward arrow technique	

THOUGHT RECORDS

Where were you?	Walking home from work On my own	Where were you? What were you doing?

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	Neighbour walked past me	Who were you with?
Emotion or feeling	Sad 80% Embarrassed 60% Anxious 70%	Emotions can be described with one word. Example: angry, sad, scared Rate 0-100%
Negative automatic thoughts	She doesn't like me She thinks I am boring/ annoying Everyone ignores me Nobody cares about me I will always be alone	What thoughts were going through your mind? What memories or images were in my mind?
Evidence that supports the thought	My neighbour walked passed me Jane didn't call me back last week I wasn't invited to Ted's birthday	What facts support the truthfulness of this thought or image?
Evidence that does not support the thought	My neighbour might have been in a rush or have not seen me Jenny called last week Jane invited me to the cinema with her My neighbour usually says hello My brother always asks if I am ok The café owner always wants to talk to me	What experiences indicate that this thought is not completely true all the time? If my best friend had this thought what would I tell them? Are there any small experiences which contradict this thought? Could I be jumping to conclusions?
Alternative thought	Some people do care about me	Write a new thought which considers the evidence for and against the original thought
Emotion or feeling	Sad 50% Embarrassed 30% Anxious 30%	How do you feel about the situation now? Rate 0 - 100%

PSYSIOLOGICAL INTERVENTIONS

- Psycho-education about fight and flight and techniques to shift physiological functioning to impact thoughts, feelings and behaviour
- Relaxation exercises
  Deep breathing
  Progressive muscle relaxation
  Imagery
  Mindfulness

BEHAVIOURAL INTERVENTIONS

- Activity Scheduling
- Explore techniques: systematic desensitization
- Social skills training/ Assertiveness training
- Homework- practicing new skills, self-monitoring, etc.
- Behavioural experiments
  Testing the validity of the client's existing beliefs
  To construct or test new more helpful beliefs

BEHAVIOURAL EXPERIMENT WORKSHEET

PREDICATION:

What is your prediction? What do you think will happen?

How would you know if that came true?

How strongly do you believe this will happen?

EXPERIMENT:

What could you do to test this prediction?

What would you need to not do to test this prediction?

How would you know if your prediction had come true?

OUTCOME:

What happened?

LEARNING:

What did you learn?

How much do you believe your prediction now?

CBR AND IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

CBT has robust evidence base in treating many conditions including:

- Anxiety disorders

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- Depression
- Bulimia Nervosa
- Psychosis
- Psychological issues relating to Chronic health conditions

Evidence base has led to National Institute for Clinical Excellence recommendations for CBT for many psychological presentations.
Improving Access to Psychological Therapies is an NHS program rolled out across England offering NICE approved psychological interventions for people with anxiety and depression

CRITIUQE OF CBT

- Seen as straightforward, practical approach.
- Array of techniques help therapists to feel skilled
- CBT has measurable outcomes
- Effectiveness of CBT treatment for a wide variety of conditions is illustrated in the literature
- There is no CBT equivalent of 'countertransference' or 'congruence' in other therapies- may not adequately recognize impact of therapist
- No conceptualization of the 'self' in CBT
- Cultural and gender considerations may be neglected.
- 6 session – A quick fix
- Competency of the professional varies
- Padesky and Beck – DBT – excellent practitioners
- It does not allow the in depth exploration of the then – e.g. childhood trauma
- In some cases, should you tell someone your thoughts are wrong/ challenge religious beliefs?

DEVELOPMENT IN CBT

Different branches of Model

2nd wave

3rd wave

- Mindfulness
- ACT Acceptance and Commitment Therapy
- DBT Dialectical Behavioural Therapy
- Meta-cognitive therapy

3RD Wave Approaches Emphasize:

- 'Function' and not the 'content' of cognitions
- Acceptance vs. Challenging/Change
- Problem – it can be difficult to integrate 3rd wave therapies with conventional CBT

3RD WAVE/NEW WAVE

- Abandons sole commitment to 'first order' change.
- 'Second order' change; to change the function of problem behaviour and not necessarily the form.
- Adopt more contextualistic assumptions.
- Functional Contextualism: no thought, feeling or memory is inherently problematic, dysfunctional, or pathological: rather, it all depends on the context.
- Adopt more experiential and indirect change strategies *in addition* to direct strategies
- Considerably broaden the focus of change.

MINDFULNESS BASED COGNITIVE THERAPY (MBCT)

- Mindfulness practice (meditation) integrated with Beck's cognitive therapy.
- A mode of attention in which the client learns to accept and be aware of what they are experiencing – non-judgmental experiencing – not focusing on change.
- Intended to prevent recurrence of depression by encouraging individuals to stay in present moment and accept feelings rather than ruminating on the past and suppressing feelings.
- Teasdale et al. (2000) have shown that MBCT does reduce risk of relapse in depression.

HISTORICAL BACKGROUND: BEHAVIOURISM

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Psychology in the 1950's was dominated by:
- Behaviourism
- Psychoanalysis

Humanistic Psychology was a "cultural reaction" to this and referred to as:
- Phenomenological Psychology
- Existential Psychology

Beginning of Person-Centred Therapy:
- 1945 vast numbers of armed forces personnel were traumatized by their experiences and struggling to adjust to life at home
- There was demand for accessible and helpful method of support
- Psychotherapy was too expensive and behaviourism had not emerged
- Rogers and his colleagues trained up many counsellors and the 'Person Centred' approach became main non-medical form of counselling in USA

HUMANISTIC PSYCHOLOGY THEORY

Humanistic Psychology emphasises subjective experience and is optimistic

CORE ASSUMPTIONS

People have free will
People are good
Phenomenology is centre

PHILOSOPHICAL UNDERPINNINGS	
PHENOMENOLOGY	**EXISTENTIALISM**
▪ Method of philosophical enquiry which aims to understand the nature and quality of human experience ▪ Views valid knowledge and understanding is gained when we explore the ways that things are experienced by people. ▪ Concept of 'bracketing off' assumptions about a phenomenon and to describe it as it is experienced. ▪ Influences counselling through the attempt of counsellor to be non-judgmental and to facilitate and listen carefully to descriptions of experience ▪ Influential in qualitative research	▪ Philosophy highlighting the isolation and uniqueness of human experience. ▪ States that human experience is unexplainable. ▪ Emphasizes free will and individual responsibility for consequences.

MODELS OF HUMANISTIC PSYCHOLOGY

NOTE: Humanistic psychology is not one model. It is s set of models linked together by shared values and assumptions about human nature.

Within Counselling and Psychotherapy, the two predominant models are:
- Person-Centred or Client-Centred Therapy
- Gestalt Therapy

Key element linking them all is the focus on the experiential process of therapy.

MASLOW'S HIERARCHY OF NEEDS MOTIVATIONAL THEORY

- Observed that humans are striving to control their behaviour and to gratify themselves

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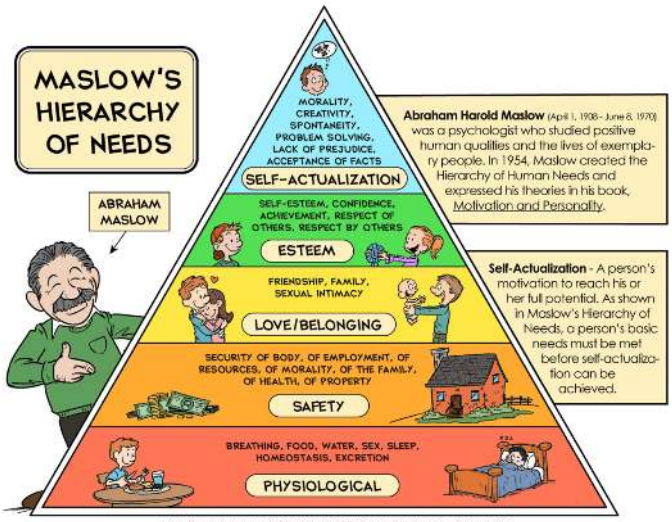
- Maslow developed a hierarchy of needs – people are motivated to meet both basic and higher order needs


MASLOW'S HIERARCHY OF NEEDS
ABRAHAM MASLOW
MORALITY, CREATIVITY, SPONTANEITY, PROBLEM SOLVING, LACK OF PREJUDICE, ACCEPTANCE OF FACTS
SELF-ACTUALIZATION
SELF-ESTEEM, CONFIDENCE, ACHIEVEMENT, RESPECT OF OTHERS, RESPECT BY OTHERS
ESTEEM
FRIENDSHIP, FAMILY, SEXUAL INTIMACY
LOVE/BELONGING
SECURITY OF BODY, OF EMPLOYMENT, OF RESOURCES, OF MORALITY, OF THE FAMILY, OF HEALTH, OF PROPERTY
SAFETY
BREATHING, FOOD, WATER, SEX, SLEEP, HOMEOSTASIS, EXCRETION
PHYSIOLOGICAL
Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, Motivation and Personality.
Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

- Maslow (1971) argued that a humanistic educational approach would develop people who are “stronger, healthier, and would take their own lives into their hands to a greater extent.
- With increased personal responsibility for one’s personal life, and with a rational set of values to guide one’s choosing, people would begin to actively change the society in which they lived”.

GESTALT THERAPY - FRITZ PERLS

Gestalt Therapy functions on the ideas of ‘wholeness’ – that every individual is a whole (mind, body and soul), and that they are best understood in relation to their current situation as he or she experiences it. It focuses on:

- Focus on immediate experience, strongly on self-awareness and the “here and now”. Self-awareness is key to personal growth and developing full potential.
  The approach recognises that sometimes this self-awareness can become blocked by negative thought patterns and behaviour that can leave people feeling dissatisfied and unhappy.
- Emphasis on conflict of parts of the self.
- Used ideas from drama involving client ‘enacting’ issues presented in therapy.
- It is the aim of a Gestalt therapist to promote a non-judgemental self-awareness that enables clients to develop a unique perspective on life.
- By helping an individual to become more aware of how they think, feel and act in the present moment, Gestalt Therapy provides insight into ways in which he or she can alleviate their current issues and distress to aspire to their maximum potential.

KEY CONCEPTS OF GESTALT THERAPY

Gestalt therapy works through the interconnection of key concepts.

PERSON-	Focusing on the present – “here and now”, and imagining it divorced

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CENTRED AWARENESS	from the future and past is considered essential. The process follows an individual's experience in a way that does not involve seeking out the unconscious, but staying with what is present and aware.
RESPECT	Clients, whether an individual, group or family, are treated with profound respect by a Gestalt therapist. Providing a balance of support and challenge is key to helping those taking part to feel comfortable about opening-up and acknowledging areas of resistance.
EMPHASIS ON EXPERIENCE	The Gestalt Approach focuses on experience in terms of an individual's emotions, perceptions, behaviours, body sensations, ideas and memories. A therapist encourages the client to 'experience' in all these ways, vividly in the “here and now”.
CREATIVE EXPERIMENT & DISCOVERY	There is a range of experimental methodology used by therapists to test their client's experience. These involve highly creative and flexible techniques to help them open-up and acknowledge hidden feelings.
SOCIAL RESPONSIBILITY	The Gestalt Approach recognises that humans have a social responsibility for self and for others. It demands respect for all people and acknowledges that everyone is different. Ultimately it encourages individuals to adopt an egalitarian approach to social life.
RELTIONSHIP	Relating is considered central to human experience and Gestalt Therapy considers individuals as 'whole' when they have a good relationship with themselves and others around them. The interpersonal relationship between the individual and therapist that is developed and nurtured in sessions is a key guiding process if therapy.

Provides practical exercise enabling expression of buried feelings:

“OPEN-CHAIR TECHNIQUE” *Involves two chairs and role-play and can give rise to emotional scenes.*	1. The client sits opposite an empty chair and must imagine someone (usually himself/herself or parts of him or her) in it. 2. They then communicate with this imaginary being - asking questions and engaging with what they represent. 3. Next, they must switch chairs so they are physically sitting in the once empty chair. The conversation continues, but the client has reversed roles - speaking on behalf of the imagined part of his or her problem. 4. This technique aims to enable participants to locate a specific feeling or a side of their personalities they had 'disowned' or tried to ignore. 5. This helps them to accept polarities and acknowledge that conflicts exist in everyone.

SIMILARITIES AND DIFFERENCES WITH EPRSON-CENTRED THERAPY

SIMILARITIES	DIFFERENCES
▪ Rejected Psychoanalysis ▪ Embraced humanistic values of existentialism ▪ Celebrate individual freedom and expression of feeling ▪ Importance of authenticity and self-acceptance ▪ Importance of self-fulfilment	▪ Gestalt therapists invite clients to explore awareness through exercises which person-centred therapists would see as ‘directedness’ ▪ Gestalt therapy focuses on splits of the self, whilst person-centred recognizes the unitary structure of the person.

EXISTENTIAL THERAPY

- Existential therapy is a unique form of psychotherapy that looks to explore difficulties from a philosophical perspective, rather than taking a technique based approach.

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- Focusing on the human condition, existential therapy applauds human capacities and encourages individuals to take responsibility for their successes.
- Emotional and psychological difficulties are viewed as inner conflict caused by an individual's confrontation with the givens of existence.
- Rather than delve into the past, the existential approach looks at the here and now, exploring the human condition and what it means for an individual.
- Aim of therapy is to illuminate the experience of 'being-in-the-world' and to live a more 'authentic life'
- 'Existential therapists 'bracket off' their assumptions about reality and aim to move closer to the 'essence' of that reality' (McLeod p. 273)
- Continues not to be a 'mainstream' type of therapy

Existential Psychologists are well known:
- Irvin Yalom
- Rollo May

Writings of these psychologists: 'capture, for many counsellors, a crucial aspect of the essence of what happens in good therapy' (p. McLeod, 271)

PERSON-CENTRED THERAPY

Person-centred therapy - also known as person-centred counselling or client-centred counselling - is a humanistic approach that deals with the ways in which individuals perceive themselves consciously rather than how a counsellor can interpret their unconscious thoughts or ideas.

The core purpose of the person-centred approach is:
- Facilitate the client's actualising tendency (self-actualisation is the belief that all humans will pursue what is best for them).
- This type of therapy facilitates the personal growth and relationships of an individual by allowing them to explore and utilise their own strengths and personal identity.
- A person-centred counsellor will aid this process and provide vital support.

Non-directive Approach
- Carl Rogers stated that the therapist could be most helpful to the client if they helped the client to find their own solutions to their problems.
- Different to directive work in behaviorism and to interpretation in psychoanalysis
- Emphasis on 'Client as Expert'.

"NECESSARY AND SUFFICIENT CONDITIONS" CARL ROGERS (1957)

Rogers stated there are six conditions necessary to enable real change.
1. There is psychological contact between the client and the counsellor.
2. The client is emotionally upset, in a state of incongruence.
3. The counsellor is genuine and aware of their own feelings (congruent).
4. The counsellor has unconditional positive regard for the client.
5. The counsellor has empathic understanding of the client and their internal frame of reference, and looks to communicate this experience with the client.
6. The client recognises that the counsellor has unconditional positive regard for them and an understanding of their difficulties.

Out of these, the following three are known as the 'core' or 'active' conditions:

EMPATHY	The counsellor must strive to understand the client's experience.
CONGRUENCE	The counsellor must be completely genuine and transparent.
UNCONDITIONED POSITIVE REGAR	The counsellor must be non-judgemental and valuing of the client.

DEVELOPMENT OF PROBLEMS

- **Incongruence:** Contradictions; may be struggling with inconsistencies in life and self-concept

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- **Locus of control and evaluation**: External vs. Internal.
- **Trust others/ therapeutic relationship:** Experiences of others as incongruent.
- **Conditions of Worth:** Love and acceptance have been conditional in life- certain aspects of behaving have been hidden
- **Defence Mechanisms:** Laughter to hide and disguise self-concept, parts that they don't accept.

The person-centred approach recognises that an individual's social environment and personal relationships can greatly impact the core conditions, so therapy is offered in a neutral and comfortable setting where a client can feel at ease, authentic and open to learning about themselves.
In this way, the approach offers individuals the opportunity to counteract past experiences that affected conditions of worth (the circumstances under which we approve or disapprove of ourselves).
Presence of the core conditions in relationship alone is enough to bring about change within the individual

CRIQUES OF PERSON-CENTRED THERAPY

- Some theorists argue that the core conditions are necessary but not sufficient.
- Is it possible to be non-directive?
- Culturally specific.
- Difficult to do in a time-limited way.
- Difficult to do with hard-to-reach client groups

The core conditions cannot be assessed empirically.
- Self-report; therapist and client rate differently.
- Difficulty to distinguish between the core conditions?
- Observer report.

HUMANISTIC PSYCHOLOGY AND COUNSELLING PSYCHOLOGY

- Counselling psychology is founded in humanistic values and philosophy
- Counselling Psychology's prioritising relationship and conditions necessary for therapy
- Counselling psychologist use of the core conditions and person centred theory
- Aims to improve psychological functioning, mental health and well-being.
- Focuses on working with psychological formulation tailored to the individual- link to existential and phenomenological underpinnings
- Counselling psychology is interested in how people make meaning from their experience (phenomenology).

DIVISION OF COUNSELLING PSYCHOLOGY AND BPS

- Counselling psychology draws upon and seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology.
- It continues to develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship.

These models seek:
- To engage with subjectivity and inter-subjectivity, values and beliefs; to know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing;
- To be practice led, with a research base grounded in professional practice values as well as professional artistry;
- To recognise social contexts and discrimination and to work always in ways that empower rather than control and, also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today.

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